```
     FILE 'REGISTRY' ENTERED AT 08:56:52 ON 17 JUN 2008
                  EXP PACLITAXEL/CN
L1             1 S E3
                  EXP DOXORUBICIN/CN
L2             1 S E3
                  EXP CYCLOPHOSPHAMIDE/CN
L3             1 S E3

     FILE 'HCAPLUS' ENTERED AT 08:57:33 ON 17 JUN 2008
L4           185 S DOSE-DENSE
L5          1158 S L1 AND L2 AND L3
L6            14 S L4 AND L5
L7             3 S L6 AND (PY<2003 OR AY<2003 OR PRY<2003)
```

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=> file registry
COST IN U.S. DOLLARS                                    SINCE FILE      TOTAL
                                                           ENTRY    SESSION
FULL ESTIMATED COST                                         0.21       0.21

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provided by InfoChem.

STRUCTURE FILE UPDATES:   16 JUN 2008  HIGHEST RN 1028528-04-2
DICTIONARY FILE UPDATES:  16 JUN 2008  HIGHEST RN 1028528-04-2

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TSCA INFORMATION NOW CURRENT THROUGH January 9, 2008.

  Please note that search-term pricing does apply when
  conducting SmartSELECT searches.

REGISTRY includes numerically searchable data for experimental and
predicted properties as well as tags indicating availability of
experimental property data in the original document.  For information
on property searching in REGISTRY, refer to:

http://www.cas.org/support/stngen/stndoc/properties.html

=> exp paclitaxel/cn
E1            1     PACKZOL/CN
E2            1     PACLIEX/CN
E3            1 --> PACLITAXEL/CN
E4            1     PACLITAXEL 2'-(ALL-CIS-4,7,10,13,16,19-DOCOSAHEXAENOATE)/CN
E5            1     PACLITAXEL 6A-HYDROXYLASE/CN
E6            1     PACLITAXEL 6A-MONOOXYGENASE/CN
E7            1     PACLITAXEL 7-(ALL-CIS-4,7,10,13,16,19-DOCOSAHEXAENOATE)/CN
E8            1     PACLITAXEL C/CN
E9            1     PACLITAXEL CERIBATE/CN
E10           1     PACLITAXEL DIHYDRATE/CN
E11           1     PACLITAXEL POLIGLUMEX/CN
E12           1     PACLITAXEL SUCCINATE/CN

=> s e3
L1            1 PACLITAXEL/CN

=> d l1

L1   ANSWER 1 OF 1  REGISTRY  COPYRIGHT 2008 ACS on STN
RN   33069-62-4  REGISTRY
ED   Entered STN:  16 Nov 1984
CN   Benzenepropanoic acid, β-(benzoylamino)-α-hydroxy-,
     (2aR,4S,4aS,6R,9S,11S,12S,12aR,12bS)-6,12b-bis(acetyloxy)-12-(benzoyloxy)-
     2a,3,4,4a,5,6,9,10,11,12,12a,12b-dodecahydro-4,11-dihydroxy-4a,8,13,13-
     tetramethyl-5-oxo-7,11-methano-1H-cyclodeca[3,4]benz[1,2-b]oxet-9-yl
     ester, (αR,βS)-  (CA INDEX NAME)
OTHER CA INDEX NAMES:
CN   7,11-Methano-1H-cyclodeca[3,4]benz[1,2-b]oxete, benzenepropanoic acid
     deriv.
CN   Benzenepropanoic acid, β-(benzoylamino)-α-hydroxy-,
```

6,12b-bis(acetyloxy)-12-(benzoyloxy)-2a,3,4,4a,5,6,9,10,11,12,12a,12b-dodecahydro-4,11-dihydroxy-4a,8,13,13-tetramethyl-5-oxo-7,11-methano-1H-cyclodeca[3,4]benz[1,2-b]oxet-9-yl ester, [2aR-[2aα,4β,4aβ,6β,9α(αR*,βS*),11α,12α,12aα,12bα]]-

CN Tax-11-en-9-one, 5β,20-epoxy-1,2α,4,7β,10β,13α-hexahydroxy-, 4,10-diacetate 2-benzoate 13-ester with (2R,3S)-N-benzoyl-3-phenylisoserine (8CI)

OTHER NAMES:

CN ABI 007

CN Abraxane

CN BMS 181339-01

CN Capxol

CN DHP 107

CN Ebetaxel

CN EndoTAG 1

CN Genaxol

CN Genetaxyl

CN Genexol

CN Genexol-PM

CN MBT 0206

CN Mitotax

CN NK 105

CN NSC 125973

CN OncoGel

CN Onxal

CN Pacliex

CN Paclitaxel

CN Plaxicel

CN QW 8184

CN TaxAlbin

CN Taxol

CN Taxol A

CN Yewtaxan

FS STEREOSEARCH

DR 157069-30-2

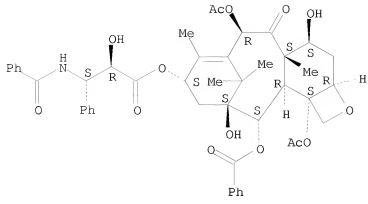
MF C47 H51 N O14

CI COM

LC STN Files: ADISINSIGHT, ADISNEWS, AGRICOLA, ANABSTR, BEILSTEIN*, BIOSIS, BIOTECHNO, CA, CAPLUS, CASREACT, CBNB, CHEMCATS, CHEMINFORMRX, CHEMLIST, CIN, CSCHEM, CSNB, DDFU, DETHERM*, DRUGU, EMBASE, HSDB*, IFICDB, IFIUDB, IMSCOSEARCH, IMSDRUGNEWS, IMSPATENTS, IMSPRODUCT, IMSRESEARCH, IPA, MEDLINE, MRCK*, MSDS-OHS, NAPRALERT, PHAR, PIRA, PROMT, PROUSDDR, PS, RTECS*, SYNTHLINE, TOXCENTER, USAN, USPAT2, USPATFULL, VETU

(*File contains numerically searchable property data)

Absolute stereochemistry. Rotation (-).



PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT

15216 REFERENCES IN FILE CA (1907 TO DATE)
744 REFERENCES TO NON-SPECIFIC DERIVATIVES IN FILE CA
15278 REFERENCES IN FILE CAPLUS (1907 TO DATE)

```
=> exp doxorubicin/cn
E1            1     DOXOMEAN N 98/CN
E2            1     DOXOPHYLLINE/CN
E3            1 --> DOXORUBICIN/CN
E4            1     DOXORUBICIN 13-TOSYLHYDRAZONE/CN
E5            1     DOXORUBICIN 14-VALERATE/CN
E6            1     DOXORUBICIN ACETIC ACID SALT/CN
E7            1     DOXORUBICIN AGLYCONE/CN
E8            1     DOXORUBICIN ASCORBIC ACID SALT/CN
E9            1     DOXORUBICIN BENZOIC ACID SALT/CN
E10           1     DOXORUBICIN BIOSYNTHESIS ENZYME DNRV (MYCOBACTERIUM TUBERCUL
                    OSIS STRAIN CDC1551 GENE MT0606)/CN
E11           1     DOXORUBICIN BIOSYNTHESIS ENZYME DNRV (STREPTOMYCES PEUCETIUS
                     STRAIN ATCC-29050 GENE DNRV)/CN
E12           1     DOXORUBICIN BIOSYNTHESIS PROTEIN (STREPTOMYCES PEUCETIUS STR
                    AIN ATCC 29050 GENE DNMT)/CN

=> s E3
L2            1 DOXORUBICIN/CN

=> exp cyclophosphamide/cn
E1            1     CYCLOPHOS PV 4/CN
E2            1     CYCLOPHOSPHAMID/CN
E3            1 --> CYCLOPHOSPHAMIDE/CN
E4            1     CYCLOPHOSPHAMIDE 4-HYDROXYLASE/CN
E5            1     CYCLOPHOSPHAMIDE HYDRATE/CN
E6            1     CYCLOPHOSPHAMIDE HYDROXYLASE/CN
E7            1     CYCLOPHOSPHAMIDE MONOHYDRATE/CN
E8            1     CYCLOPHOSPHAMIDE OXIDASE/CN
E9            1     CYCLOPHOSPHAMIDE-4-D2/CN
E10           1     CYCLOPHOSPHAMIDE-5-FLUOROURACIL-METHOTREXATE MIXT./CN
E11           1     CYCLOPHOSPHAMIDE-EPIRUBICIN-5-FLUOROURACIL MIXT./CN
E12           1     CYCLOPHOSPHAMIDE-TETRAZOLIUM VIOLET MIXTURE/CN

=> s e3
L3            1 CYCLOPHOSPHAMIDE/CN
```

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=> file hcaplus
COST IN U.S. DOLLARS                                SINCE FILE      TOTAL
                                                       ENTRY    SESSION
FULL ESTIMATED COST                                    17.91      18.12

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FILE LAST UPDATED: 16 Jun 2008  (20080616/ED)

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 This file contains CAS Registry Numbers for easy and accurate
 substance identification.

=> s dose-dense
        639273 DOSE
        112364 DENSE
L4         185 DOSE-DENSE
                (DOSE(W)DENSE)

=> s l1 and l2 and l3
         15278 L1
         19112 L2
         17097 L3
L5        1158 L1 AND L2 AND L3

=> s l4 and l5
L6           14 L4 AND L5

=> s l6 and (PY<2003 or AY<2003 or PRY<2003)
      22930217 PY<2003
       4482955 AY<2003
       3958500 PRY<2003
L7            3 L6 AND (PY<2003 OR AY<2003 OR PRY<2003)

=> d l7 1-3 ti abs bib

L7   ANSWER 1 OF 3  HCAPLUS  COPYRIGHT 2008 ACS on STN
TI   Dose-dense & sequential adjuvant cancer chemotherapy
AB   Breast cancer is treated by (a) administering to a patient in a first
     plurality of chemotherapy cycles a therapeutically-effective and
     well-tolerated amount of doxorubicin in a dose-dense
     protocol; (b) subsequently administering to the patient in a second
     plurality of chemotherapy cycles a therapeutically-effective and
     well-tolerated amount of a taxane chemotherapy agent, for example
```

paclitaxel, in a dose-dense protocol; and (c) subsequently administering to the patient in a third plurality of chemotherapy cycles a therapeutically-effective and well-tolerated amount of cyclophosphamide in a dose-dense protocol. Preferably, the dose dense interval between treatments is about 14 days. The number of cycles in each plurality of chemotherapy cycles is suitably 3 or more, preferably 4. Suitable well-tolerated treatment levels are 60 mg/m 2 of doxorubicin, 175 mg/ 2 of paclitaxel, and 600 mg/ 2 of cyclophosphamide. A therapeutically effective amount of G-CSF may also be administered during the intervals between treatments in one or more of the chemotherapy cycles.

AN 2004:995765 HCAPLUS <<LOGINID::20080617>>
DN 141:406045
TI Dose-dense & sequential adjuvant cancer chemotherapy
IN Norton, Larry
PA USA
SO U.S. Pat. Appl. Publ., 17 pp.
CODEN: USXXCO
DT Patent
LA English
FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	US 20040229826	A1	20041118	US 2003-735180	20031212 <--
PRAI	US 2002-432840P	P	20021212	<--	

L7 ANSWER 2 OF 3 HCAPLUS COPYRIGHT 2008 ACS on STN
TI Doxorubicin followed by sequential paclitaxel and cyclophosphamide versus concurrent paclitaxel and cyclophosphamide: 5-year results of a Phase II randomized trial of adjuvant dose-dense chemotherapy for women with node-positive breast carcinoma
AB We conducted a randomized Phase II trial to directly compare toxicity, feasibility, and delivered dose intensities of two adjuvant dose-intensive regimens containing doxorubicin, paclitaxel, and cyclophosphamide for patients with node-pos. breast carcinoma. Forty-two patients with resected breast carcinoma involving one or more ipsilateral axillary lymph nodes, were randomized to receive two different schedules of adjuvant chemotherapy using 14-day dosing intervals: either (a) three cycles of doxorubicin 80 mg/m2 as i.v. bolus followed sequentially by three cycles of paclitaxel 200 mg/m2 as a 24-h infusion and then by three cycles of cyclophosphamide 3.0 g/m2 as a 1-h infusion (arm A); or (b) the same schedule of doxorubicin followed by three cycles of concurrent cyclophosphamide and paclitaxel at the same doses (arm B). All cycles were supported by granulocyte colony-stimulating factor administration. Forty-one patients were assessable for toxicity and feasibility; 37 (90%) completed all planned chemotherapy. There was no treatment-related mortality; however, increased toxicity was observed on arm B compared with arm A, manifested by an increase in hospitalization for toxicity, mainly neutropenic fever, and an increased incidence of transfusion of packed RBCs transfusions for anemia. The mean delivered dose intensities for paclitaxel and cyclophosphamide were significantly greater for arm A compared with arm B (P = .01 and P = .05, resp.). There is no long-term, treatment-related toxicity, and no cases of acute myelogenous leukemia or myelodysplastic syndrome have been observed Dose-dense sequential single-agent chemotherapy is more feasible than doxorubicin with subsequent concurrent paclitaxel and cyclophosphamide.
AN 2002:51000 HCAPLUS <<LOGINID::20080617>>
DN 136:256842
TI Doxorubicin followed by sequential paclitaxel and cyclophosphamide versus concurrent paclitaxel and cyclophosphamide: 5-year results of a Phase II randomized trial of adjuvant dose-dense chemotherapy

for women with node-positive breast carcinoma
AU Fornier, Monica N.; Seidman, Andrew D.; Theodoulou, Maria; Moynahan, Mary Ellen; Currie, Violante; Moasser, Mark; Sklarin, Nancy; Gilewski, Theresa; D'Andrea, Gabriella; Salvaggio, Rori; Panageas, Kathy S.; Norton, Larry; Hudis, Clifford
CS Breast Cancer Medicine Service, Weill Medical College of Cornell University, New York, NY, 10021, USA
SO Clinical Cancer Research (2001), 7(12), 3934-3941
CODEN: CCREF4; ISSN: 1078-0432
PB American Association for Cancer Research
DT Journal
LA English
RE.CNT 26 THERE ARE 26 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L7 ANSWER 3 OF 3 HCAPLUS COPYRIGHT 2008 ACS on STN
TI Sequential dose-dense doxorubicin, paclitaxel, and cyclophosphamide for resectable high-risk breast cancer: feasibility and efficacy
AB Dose-dense chemotherapy is predicted to be a superior treatment plan. Therefore, we studied dose-dense doxorubicin, paclitaxel, and cyclophosphamide (A → T → C) as adjuvant therapy. Patients with resected breast cancer involving four or more ipsilateral axillary lymph nodes were treated with nine cycles of chemotherapy, using 14-day intertreatment intervals. Doses were as follows: doxorubicin 90 mg/m2 + 3, then paclitaxel 250 mg/m2/24 h + 3, and then cyclophosphamide 3.0 g/m2 + 3; all doses were given with s.c. injections of 5 μg/kg granulocyte colony-stimulating factor on days 3 through 10. Amenorrheic patients with hormone receptor-pos. tumors received tamoxifen 20 mg/day for 5 yr. Patients treated with breast conservation, those with 10 or more pos. nodes, and those with tumors larger than 5 cm received radiotherapy. Between Mar. 1993 and June 1994, we enrolled 42 patients. The median age was 46 yr (range, 29 to 63 yr), the median number of pos. lymph nodes was eight (range, four to 25), and the median tumor size was 3.0 cm (range, 0 to 11.0 cm). The median intertreatment interval was 14 days (range, 13 to 36 days), and the median delivered dose-intensity exceeded 92% of the planned dose-intensity for all three drugs. Hospital admission was required for 29 patients (69%), and 28 patients (67%) required blood product transfusion. No treatment-related deaths or cardiac toxicities occurred. Doxorubicin was dose-reduced in four patients (10%) and paclitaxel was reduced in eight (20%). At a median follow-up from surgery of 48 mo (range, 3 to 57 mo), nine patients (19%) had relapsed, the actuarial disease-free survival rate was 78% (95% confidence interval, 66% to 92%), and four patients (10%) had died of metastatic disease. Dose-dense sequential adjuvant chemotherapy with doxorubicin, paclitaxel, and cyclophosphamide (A → T → C) is feasible and promising. Several ongoing phase III trials are evaluating this approach.
AN 1999:50879 HCAPLUS <<LOGINID::20080617>>
DN 130:232080
TI Sequential dose-dense doxorubicin, paclitaxel, and cyclophosphamide for resectable high-risk breast cancer: feasibility and efficacy
AU Hudis, C.; Seidman, A.; Baselga, J.; Raptis, G.; Lebwohl, D.; Gilewski, T.; Moynahan, M.; Sklarin, N.; Fennelly, D.; Crown, J. P. A.; Surbone, A.; Uhlenhopp, M.; Riedel, E.; Yao, T. J.; Norton, L.
CS Breast and Gynecologic Cancer Medicine Service, Department of Medicine, Memorial Sloan-Kettering Cancer Center, New York, NY, 10024, USA
SO Journal of Clinical Oncology (1999), 17(1), 93-100
CODEN: JCONDN; ISSN: 0732-183X
PB Lippincott Williams & Wilkins

DT Journal
LA English
RE.CNT 35 THERE ARE 35 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT